

JUL 9 2004

<u>Patent</u>

### IN THE UNITED STATES PATENT

Group Art Unit: 3629 Applicant: GREENE et al. Examiner: Mooneyham, Janice A. Application Serial No.: 09/748,888 AMENDMENT and RESPONSE to April 8, 2004 Non-Final Office Action Filing Date: December 27, 2000 IBM Docket No.: YOR9-2000-0304 For: SYSTEM AND METHOD FOR Attorney Docket No.: I01.088 "SWAPS" STYLE RISK PRODUCTS BASED ON NETWORK ENABLED Buckley, Maschoff & Talwalkar LLC AGGREGATION Five Elm Street New Canaan, CT 06840 (203) 972-0006

**CERTIFICATE OF MAILING UNDER 37 CFR 1.8** 

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on July 1, 2004

Dated: July 1, 2004

MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Non-Final Office Action mailed April 8, 2004, please amend the above-identified application as follows.

Amendments to the claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks begin on page 6 of this paper.



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## GROUP 5600

362941

Patent

HE UNITED STATES PATENT AND TRADEMARK OFFICE

Group Art Unit: 3629 Applicant: GREENE et al. Examiner: Mooneyham, Janice A. Application Serial No.: 09/748,888 Response Transmittal Filing Date: December 27, 2000 IBM Docket No. YOR920000304 (Attorney Docket No.: I01.088) SYSTEM AND METHOD FOR For: "SWAPS" STYLE RISK PRODUCTS PTO Customer Number 28062 Buckley, Maschoff & Talwalkar LLC **BASED ON NETWORK ENABLED** Five Elm Street **AGGREGATION** New Canaan, CT 06840 (203) 972-0006

#### **CERTIFICATE OF MAILING UNDER 37 CFR 1.8**

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Dated: July 1, 2004

Edith Martin

MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing are:

- 1. ☑ Amendment/Response
- 2. Additional Enclosures: Acknowledgement Postcard

### FEE CALCULATION

For	Current	Prev. Paid	No. Extra	Rate	Fee
Total Claims	12	- 27	0	\$ 18.00	\$ 0.00
Indep. Claims	3	- 3	0	\$ 86.00	\$ 0.00
Multiple Dependent Claims (If applicable, please add \$ 290.00)					\$ 0.00
No Petition for Extension of Time is Required					\$ 0.00
OTHER FEE (specify purpose):					\$ 0.00
TOTAL FILING FEE					\$ 0.00

The Commissioner is hereby authorized to charge and credit Deposit Account No. <u>50-0510</u> as described below. A duplicate copy of this sheet is enclosed.

- ☑ Credit any overpayment.
- ☑ Charge any additional fees required under 37 CFR 1.17.

Respectfully submitted,

July 1, 2004

Date

Nathaniel Levin

Registration No. 34,860

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